## Minimum Filing Fee \$10.00 if changing the purpose an additional **\$10** fee must be included **DOMESTIC** NONPROFIT CORPORATION STATE OF MAINE ARTICLES OF AMENDMENT Deputy Secretary of State A True Copy When Attested By Signature Deputy Secretary of State (Name of Corporation) Pursuant to 13-B MRSA §§802 and 803, the undersigned corporation executes and delivers the following Articles of Amendment: mutual benefit corporation upublic benefit corporation **FIRST:** ("X" one box only.) Describe NATURE OF CHANGE (i.e. change in name of corporation, purpose, number of directors, adding or **SECOND:** deleting section or revision of section, etc.) as well as TEXT of amendment. Attach additional pages as needed.

THIRD:	("X" one box only.) The amendment was	adopted on (date)	as follows:
	By the members at a meeting at which a quorum was present and the amendment received at least a majority of the votes which members were entitled to cast.		
	(If the Articles require more than a majority vote.) By the members at a meeting at which the amendment received at least the percentage of votes required by the Articles of Incorporation.		
	By the written consent of all mem	bers entitled to vote w	ith respect thereto.
	[If no members, or none entitled to vote thereon.] By majority vote of the board of directors.		
FOURTH:	The address of the registered office of the corporation in the State of Maine is		
		(street, city, state and zip	code)
DATED		*By	
		•	(signature)
MUST BE COMPLETED FOR VOTE OF MEMBERS			(type or print name and capacity)
I certify that I have custody of the minutes showing the above action by the members.		*By	(signature)
			(type or print name and capacity)
(signature of clerk, secretary or asst. secretary)			

- (1) the Clerk or Secretary OR
- (2) the President or a Vice-President together with the Secretary or an assistant. secretary, or a 2nd certifying officer OR
- (3) if no such officers, then a majority of the **Directors OR**
- (4) if no such directors, then the Members.

Please remit your payment made payable to the Maine Secretary of State.

<sup>\*</sup>This document MUST be signed by: (13-B MRSA §104.1.B)